A study on childless couples seeking treatment for infertility

N Sherrin Sophia and P Punitha

Abstract
Couples who were seeking treatment for infertility at Janet Nursing Home, Tiruchirappalli were the universe for the present study. As the total number of respondents visiting the hospital for infertility treatment were unknown the data were collected from sixty respondents (both men and women) through purposive sampling technique. A Self prepared interview schedule along with Perceived Stress Questionnaire (PSQ) revised by Fliege H (2001) was used to collect the data from the respondents. The findings revealed that 62% have faced stigmatization in the society. 73 per cent of the respondents agreed to the statement that a husband can go for second marriage if his wife cannot have children. 80% of the respondents had high level of stress. Appropriate counselling is required for couples who are childless. This would help them to have a strong positive approach towards treatment, mental health and society.

Keywords: Infertility, childlessness, stress

1. Introduction
Infertility has many potential causes, which may involve the man, the woman or both partners. In some cases, no cause of the problem can be determined, in which case the infertility is described as “unexplained.” Infertility represents a major crisis for most couples, with both partners experiencing loss in ways that affect them as individuals, as family members and as members of society as a whole. WHO (2002) reported that the inability to conceive children is experienced by individuals and couples as a stressful and often heartbreaking situation. Throsby et al. (2004) stated that men can experience considerable distress when faced with infertility, and that this distress (with regard to self-image, social stigma, etc) is likely greater in men with male-factor infertility than men with unexplained or female-factor infertility. Braun K (2006) discussed the emotional aspects of infertility. Infertility was often described as a life crisis, creating upheavals similar to those associated with a death in the family or divorce. The overall impact of infertility on individuals differs greatly, and is influenced by factors such as cultural background and the importance a person places on having children in their life. Carried out a study on the impact of perceived stigma and mediating social factors on infertility-related stress among women seeking infertility treatment in Southern. A survey was conducted using face-to-face interviews in three languages with 615 women receiving infertility treatment on three health sites in Southern Ghana. Majority (64%) of women in this sample felt stigmatized. Sequential multiple regression analyses indicated that higher levels of perceived stigma were associated with increased infertility-related stress. Also women with higher levels of education felt less infertility-related stress. The presence of an existing child/children, the number of years spent in infertility treatment and the type of marriage (monogamous/polygamous union) were less important in predicting stress. The findings suggest that the social status of infertile women derived from other factors can be of importance in minimizing the impact of stigmatization and stress related to infertility. Abolfotouh et al (2013) conducted a cross-sectional study on 277 fertile participants from outpatient clinics and 104 infertile patients from the IVF clinic at King Abdulaziz Medical City between June 24, 2012 and July 4, 2012, using a previously validated interview questionnaire. A generally poor level of knowledge (59%) and a neutral attitude (76%) toward infertility were reported by participants. Firth S (2014) conducted a study with 47,500 Danish women found that those who don't have a child after...
treatment are three times more likely to divorce or end cohabitation with their partner than those who do. Findings suggest that not having a child after fertility treatment may adversely affect the duration of a relationship for couples with fertility issues.

1.1 Objectives
- To assess the level of stress among the respondents.
- To suggest suitable measures to reduce the level of stress and to enhance their well-being.

2. Methods and Materials
Childless couples who were seeking treatment for infertility at Janet Nursing Home, Tiruchirappalli were the universe for the present study. As the total number of respondents visiting the hospital for infertility treatment were unknown the data were collected from sixty respondents (both men and women) through purposive sampling technique. A Self prepared interview schedule along with Perceived Stress Questionnaire (PSQ) revised by was used to collect the data from the respondents.

2.1 Major Findings
The findings revealed that 40% were in the age group 31 to 35 years of age. Among the respondents 70% were females. 60% were undergraduates. 40% of the respondent spouses were undergraduates. 65% were Hindus. 65% were from nuclear family. 63% were from rural background. 45% of the respondents income ranges above Rs 30,001 to 40000. 38% of the respondents age at the time of marriage was 20 to 25 years of age. 48% of the respondents spouses age at the time of marriage was between 25 to 30 years of age. 57% of the respondents were undergoing treatment more than two years. 58% reported that they had faced several problems in the society. 88% did not prefer donor insemination. 55% of the respondents said childlessness creates several problems in the family. 62% have faced stigmatization in the society. 73% of the respondents agreed to the statement that a husband can go for second marriage if his wife cannot have children. While analyzing the stress of the respondents it was observed that 80% of the respondents had high level of stress.

3. Discussion
Infertility has become a common problem among Indian men and women. Change of lifestyle, unhealthy diet, alcohol and substance abuse, late marriages, lack of exercise, lack of awareness about healthy marital life are the causative factors for infertility. In this study both men and women have experienced several emotional issues and were also stigmatized in the society. And a significant majority was under severe stress. Infertility is not only a medical issue but a social problem as well. Being aware of healthy living, having healthy diet, regular exercise should be a part of daily activities. Married couples should be educated on these factors for healthy living. Stress management should be a part of medical treatment for the couples seeking treatment for infertility. This could be achieved through awareness programmes by social workers and other professionals. Counselling should also be an integral part of medical treatment. Appropriate education and professional counselling could be helpful to solve several psychological problems between couples who are seeking treatment. Mental health plays a vital role to have a positive outlook towards treatment.

4. References